

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000448	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/05/2015
NAME OF PROVIDER OR SUPPLIER TIMBERCREST CHURCH OF THE BRETHREN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2201 EAST ST NORTH MANCHESTER, IN 46962		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint #IN00168400.</p> <p>Complaint #IN00168400 - Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey date: March 5, 2015</p> <p>Facility number: 000448 Provider number: 155740 AIM number: 100275140</p> <p>Survey team: Julie Wagoner, RN, TC Lora Swanson, RN</p> <p>Census bed type: SNF/NF: 58 Residential: 129 Total: 187</p> <p>Census payor type: Medicare: 0 Medicaid: 17 Other: 170 Total: 187</p> <p>Timbercrest Church of the Brethren Home was found to be in compliance with 410 IAC 16.2-5 in regards to the Investigation of Complaint #IN00168400.</p> <p>Quality Review 03/06/15 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE